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APPLICANTS

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** CONTINUING DATA ***** 55

This application is a CON of 09/727,287 11/29/2000 PAT 6,618,625

** FOREIGN APPLICATIONS ***** NA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 06/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>Stephanie Smith</u> Initials <u>SS</u>	CA	4	19	6

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TITLE

Method and apparatus for treatment of viral diseases

FILING FEE RECEIVED 699	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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